Information and Feedback in Professional Communication in a Medical Setting

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Abstract **– Good and effective communication is in the common interest of the interlocutor, especially in a medical setting, which creates a specific relationship of trust, and directly influences the outcomes of a medical treatment. The aim of this research is to evaluate the role of information in creating communication feedback in the clinical practice of physiotherapists. To analyse the communication feedback of physiotherapists, a survey was conducted using a questionnaire on 471 physiotherapists employed in 74 healthcare institutions in Croatia. The research hypothesis in this paper assumes that there are no differences in the assessment of communication feedback among physiotherapists with regard to age and years of experience. However, the results show that there are significant differences in the assessment of communication feedback among physiotherapists. This is an important finding, which underlines that an issue that cannot be solved by medical knowledge alone can be resolved by effective communication when combined with a certain technique and way of communicating.**

Keywords **– Information, communication process, communication feedback, physiotherapy, information and communication sciences.**

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1. Introduction

Whether it is informal communication or business communication, communicating effectively is in both parties' best interests [1].

The role of information, communication feedback, and effectiveness of communication can be seen through the theoretical framework of the communication process in the transmission of a message from the source to the recipient, through the communication channel with the influence of noise on the transmission of information. Noise in the communication process increases the likelihood of partially or incorrectly interpreted information, which reduces the success of communication. The communication model was initially based on the Shannon-Weaver Model of Communication (1949), which gives a mathematical definition of information transfer in communication itself.

According to the Shannon-Weaver model, communication is the verbal and non-verbal exchange of information, ideas, and feelings. However, this definition of the communication process as a one-way linear process lacks communication feedback [2].

The transactional model of the communication process, which emphasizes the dynamics of interpersonal communication, is the most present model in today's communication theory and research. This model considers the experiences of interlocutors, messages, and possible noise that change over time. The transactional model best describes the communication process that assumes that the recipient and the sender exchange various messages with each other [3].

It has long been known that communication between a healthcare professional and a patient is a key to effective healthcare, and forms the very core of clinical work. However, empirical research related to communication in medicine has developed much more slowly.

For many years, due to the obsession with expertise, research has focused on new biomedical and clinical technologies and knowledge, while research on interpersonal interaction in clinical practice was considered unnecessary.

However, effective communication in medical settings is very important, as it strongly influences the relationship between the healthcare professional and the patient and can, therefore, directly influence outcomes of a treatment. This type of communication includes gathering of information, active listening, counselling, giving clear instructions, and establishing a trustful relationship with patients, but also affects the attitude of healthcare professionals, their approach, and interaction with patients.

The aim of this research is to evaluate the communication feedback of physiotherapists in their clinical practice, either in communication with healthcare users or in communication with other physiotherapists and other members of a healthcare team. Therefore, one hypothesis is formulated in this research that evaluates the differences in the assessment of communication feedback among physiotherapists regarding the years of service (work experience).

This paper is structured in the following way. In the chapter theoretical background and related work, relevant research on the topic of information and feedback in professional communication is discussed. In the chapter research, the objective and hypothesis of the paper are presented, the methodology of data collection and processing is described, and the information about respondents are given. Research findings are presented in the fourth chapter, which is followed by the discussion section. The chapter conclusion lists the most significant results obtained on the basis of which further research can be developed.

2. Theoretical Background and Related Work

Feedback forms the basis of the communication process. Communication feedback consists of information returned by the recipient of the message, which allows the sender of the message to recognise exactly how it was received, and to gauge the reaction of their interlocutor.

When there is no communication feedback, the communication process is called one-way communication. Two-way communication occurs when there is feedback, and such communication is always preferable.

Types of feedback vary from direct verbal statements to non-verbal messages through facial expressions or changes in posture, which can very clearly alert the sender of the message about how the people receiving the messages feel in terms of perception and emotion [4], [5].

Feedback expressed non-verbally usually prevails in everyday conversations nowadays. People react to messages using facial expressions, gestures, body movements, and looks. Such feedback in communication is ambiguous and imprecise, can be misinterpreted and be a source of many misunderstandings or unnecessary conflicts [6], [7], [8].

Dixit [9] states that communication is incomplete without feedback [9]. In his study on communication in the workplace, the author writes that the type of feedback given to employees has a great impact on their subsequent work. For managers to be the most effective in providing feedback, they need to understand the types of feedback that can be negative or positive. Negative feedback points out errors in the context of the work being done, speaks of improvements that can be made in the work, and aims to bring changes in what is needed to make the work environment easier and better for everyone. Positive feedback is the one saying that no changes are required, that the recipient is doing well, and that their work assignments are understandable.

Only clearly and unambiguously verbalised messages with recognisable words can reach the interlocutor with certainty. When giving communication feedback in a conversation, the feedback should be adapted to the interlocutor regarding their abilities.

Brajša [10] states that people use better and worse forms of communication feedback in their communication [10]. The worst form of sending feedback is: nonverbal (ambiguous, with the risk of misinterpretation), negative (points out only mistakes), not adapted to the interlocutor (without taking into account whether the interlocutor can understand the communication), generalised (refers to overall behaviour and the interlocutor's entire personality), evaluative (giving out labels, diagnoses and evaluations), unclear (it is impossible to figure out what it means), too subjective (relies only on own unverified opinions and feelings), unrealistic (does not correspond to reality), incomplete (selective, caricatured, unfair), indirect (expressed in a roundabout way, not speaking directly about the communication's topic), with an intermediary (through a third person), insincere (does not correspond to our real opinion), subsequent ("kept" and used subsequently when it suits us, abused),

untimely (at the moment when the interlocutor cannot hear, understand, use it), changing the other (with the purpose of changing the attitude or opinion of the interlocutor), destructive (makes solving of a problem or conflict difficult by e.g. insulting the interlocutor, which destroys communication), malevolent (with a hidden purpose of harming the interlocutor), unusable (practically inapplicable, superfluous), imposed (given by force, against the interlocutor's will), non-contactable (offensive-defensive, with the purpose of defending or attacking, and not maintaining contact), one-way (only giving information, and not wanting to receive it) [10].

A better form of communication feedback is verbal (expressed in words that can provide unambiguity), positive (recognises and emphasises positively), adapted to the interlocutor (making sure it is understandable to the particular interlocutor), specific (refers to specific behaviour, specific communication sequence), descriptive (describes behaviour without evaluating it), clear (the point is clearly understandable), objective (stating what has been checked in a dialogue with the interlocutor), realistic (corresponds to reality), complete (takes into account all elements of an event), direct (directly related to the topic, i.e. content of communication), without an intermediary (addressed to the person to whom it refers), honest (corresponds to what one really thinks and feels), timely (given at a time when the interlocutor is ready to hear, understand, accept, and willing to talk about it), informative (focused on giving information, not changing the interlocutor's opinion), constructive (focused on solving problems), benevolent (giving information the interlocutor can use), usable (applicable, significant), permitted (given with the interlocutor's consent, not against their will), contactable (for dialogue, not offensive or defensive), two-way (information one gives, receives and asks) [10].

Terminology used in communication can play a significant role, especially in communication between a healthcare professional and a patient [11], but also in everyday communication. Successful communication creates trust, influences cooperation in a positive way and the outcomes of a treatment.

Communication feedback increases awareness of the way in which people perceive each other. This is obviously not a simple process. It includes several essential elements: trust, acceptance, openness, and caring for the needs of others. Giving and receiving feedback is a skill that can be learned and improved [12], [13].

Communication feedback indicates whether the previously sent message is going in the right direction or whether additional explanations and redirection of the message are necessary [14].

Each profession has its own specific communication framework. In this paper, communication feedback was analysed in the domain of health communication, more precisely, in the clinical work of physiotherapists.

Hardavella *et al.* (2017) state that feedback messages in the clinical practice of healthcare professionals are a communication tool designed to provide medical information to users of healthcare services and their families [15]. Communication feedback is also valuable in the communication of healthcare professionals within a healthcare team, where they receive, give or seek feedback from their colleagues or superior physicians regarding clinical work and certain professional issues. Giving, receiving, and seeking feedback in clinical work is not an easy task and poses significant challenges for all parties in communication, both in the relationship between a healthcare professional and patients and their families, but also in the communication within a healthcare team.

Feedback in the healthcare professional and patient communication is crucial in terms of making a diagnosis and defining further therapeutic goals and procedures. Also, feedback is important for monitoring and improving the quality of providing healthcare to users of healthcare services, because the feedback received from patients provides valuable information about what they think about the provision of healthcare services. Seeking patients' feedback will provide healthcare professionals with a direct insight into what is working well, and what needs to be further improved in the provision of healthcare [16], [17], [18].

Communication within a healthcare team must be open and supportive. Communication feedback obtained from multiple sources from colleagues within a team aims to improve one's own understanding of current situations and problems to clearly "check the reality", to gain clear direction in terms of improving behaviour, attitudes, and skills. If a healthcare professional is unsure about certain parts of their clinical work, they must ask for feedback from their colleagues [19].

Hardavella *et al*. (2017) emphasise the basic principles of providing effective feedback in the clinical work of healthcare professionals [15]:

- Before giving feedback, it is necessary to think about what is to be achieved, what should be highlighted, what is good and where some improvements could be expected.
- Feedback should be adapted to each interlocutor and the appropriate situation. This is vital, i.e. it is important to think carefully about how to convey feedback.

The interlocutor may not be ready for such a message at some point, and this could have negative effects. Therefore, it is necessary to think about how the person will react to the feedback or how to get an answer to the question asked.

- In general, giving feedback should take place one-on-one, because feedback when given publicly can also be perceived as criticism and can have a detrimental effect on the interlocutor. The interlocutor may feel offended and undermined and their self-confidence may be affected, which may result in loss of self-esteem. In some cases, it is possible to give feedback publicly within a healthcare team, but then it should be passed on to the group as a whole, without singling out individuals.
- The person giving the feedback should be aware of non-verbal signs, such as facial expressions, body language, eye contact, or tone of voice. Non-verbal signs could convey a message that contradicts what is being verbally said.

Receiving feedback is based on a strategy of active listening and thinking. For feedback to be effective, it must be received well. How the recipient interprets the feedback and how they react to it is important for the outcome of the communication and the relationship between the interlocutors. Different interpretations or acceptances of feedback may be based on a number of factors that include personality, fear, trust, context, and individual reasoning processes [17], [18].

The situation in medicine has changed dramatically with the adoption of a biopsychosocial treatment model, based on the empirical evidence that communication processes cannot be separated from the overall quality of healthcare [20]. Communication research in medicine is more often directed towards the study of verbal content than the nonverbal behaviour of participants in communication between healthcare professionals and patients.

Amoudi *et al.* (2017) investigated the effect of positive communication skills in reducing pain in orthopaedic patients during physiotherapy in Palestinian rehabilitation centres [16]. The authors state that communication competencies of physiotherapists play a key role during the physiotherapy program with the aim of reducing pain and depression, and increasing patient motivation. The results of the research show that 50% of respondents agree that positive communication skills give great help in pain relief, close to 30% that this provides moderate help, which means that for 80% of patients, communication during rehabilitation is more or less important for a positive outcome of patient rehabilitation.

Włoszczak-Szubzda and Jarosz (2013) highlight the necessity of effective communication skills as a basis for accurate information collection during health consultations, as well as according to the needs and thoughts of patients. During physiotherapy, but also during the discharge of the patient, effective communication is necessary for the patient's understanding of his further progress, lifestyle and behaviour [21].

Research conducted by Robinson (2006) shows that nonverbal behaviour expressed by clinicians does shape patient behaviour and communication feedback with regard to further relationship with a physician or other healthcare professionals, with the patient satisfaction with a healthcare service, understanding or adhering to therapeutic and other medical recommendations [22]. Nonverbal communication plays a significant role in medical interviews and patient counselling, and can help build the relationship between healthcare professionals and the patients.

3. Research

Each profession has its own characteristic communication framework. The purpose of this research was to evaluate the communication feedback of physiotherapists in their clinical practice whether it is communicating with users of healthcare services or in communication with other physiotherapists and other members of the healthcare team. The following subsections present the objective and hypothesis, the data collection method and details on the respondents.

3.1. Research Objective and Hypothesis

The aim of this study was to evaluate the role of information in creating communication feedback in the process of professional communication. Since, each profession has its own characteristic communication framework, the authors of this paper decided to analyse the role of information and communication feedback in physiotherapists in their clinical practice. In a professional sense, a physiotherapist should be an effective communicator to provide accurate and timely information to patients and their families, must have the knowledge and skills for communicating and exchanging opinions and information on specific professional issues within a healthcare team.

The research hypothesis in this paper is stated as follows. H1: In the assessment of communication feedback, there are no differences among physiotherapists with regard to age and years of service.

According to available literature and data, no research on communication feedback in clinical work has been conducted in Croatia so far, either for healthcare professionals in general or for physiotherapists.

3.2. Data Collection Method

To analyse the communication feedback for physiotherapists, a survey was conducted using a questionnaire specially created for this research entitled "Assessment of physiotherapists' communication with physiotherapy users and within a healthcare team". The questionnaire encompasses respondents' basic sociodemographic data, such as gender, years of service, form of physiotherapy practice, and 12 statements describing different strategies of physiotherapists' communication with physiotherapy users and within a healthcare team. The answers were given in the provided scale of assessment from 0 to 4, with the following meanings: 0 = never, 1 = rarely, 2 = sometimes, 3 = usually, 4 = always.

The questionnaire included an assessment of physiotherapists' communication with physiotherapy users and within a healthcare team in the workplace, with statements and possible answers, as shown in Table 1.

Table 1. Questionnaire on the assessment of physiotherapists' communication with physiotherapy users and within a healthcare team in the workplace

Assess your communication with colleagues and patients in the workplace.
Scale of assessment: *0 (never), 1 (rarely), 2 (sometimes), 3 (usually), 4 (always)*
Statements
1. In communication, I pay attention to the interlocutor's non-verbal signs.
2. I try to understand the ideas of patients and colleagues that are different from mine.
3. I encourage both work colleagues and patients to clarify their thoughts.
4. I give feedback in the form of criticism when needed.
5. I accept criticism from colleagues.
6. I openly admit my mistakes.
7. I ask my colleagues for a critical opinion.
8. I adapt to the people I interact with.
9. I will take the initiative in resolving misunderstandings as soon as they arise.
10. When I am challenged, I can calmly discuss it.
11. I clearly express disagreement in a conversation.
12. When necessary, I apologise without excessive justification.

The survey was conducted over two years (in 2018 and 2019) and in 74 healthcare institutions throughout the Republic of Croatia where physical therapy services are provided. All institutions are in state, county or city ownership, or privately held.

The research was conducted in 74 healthcare institutions and included 30 health centres, 16 general hospitals, 8 special hospitals for medical rehabilitation, 1 university hospital centre, 1 university hospital, 1 city polyclinic for rheumatic diseases, physical medicine and rehabilitation. At the level of private healthcare institutions, the research included 4 specialist physical medicine and rehabilitation clinics, 3 private polyclinics for physical medicine and rehabilitation, and 10 private physical therapy practices.

After the ethics committee of each healthcare institution gave its written consent for conducting the research, and the management approved the research implementation, the research was started in each institution.

When filling out the questionnaire, each respondent was informed about the protocol and research objectives, as well as their rights in the research – being able to refuse or subsequently withdraw their consent at any time during the research without giving reasons and without any consequences in terms of healthcare or law, being able to see any information collected for the research, and being informed about the course of the research itself. Each respondent voluntarily confirmed their consent to participate in the research with their signature.

After collecting the data, it was entered into the research database, and statistical data processing was performed. The metric characteristics of the measuring instrument used were verified by Cronbach's alpha (α), an internal consistency and reliability coefficient. Descriptive statistics, t-test and variance analysis were used in the assessment of collected data.

3.3. Details on Respondents

The research data set includes responses of physiotherapists employed in Croatian healthcare institutions (a sample of 471 respondents). According to published data from the Croatian Institute of Public Health, 2508 physiotherapists were employed in Croatia at the time of conducting this research, which means that the data set of physiotherapists in the research covers 18.8% of the total respondent population [23].

The research included physiotherapists employed in healthcare institutions in state and county ownership, as well as private institutions that provide services of private physical therapy practice, regardless of whether they have a contract with the Croatian Health Insurance Fund or another insurance company. The research does not include physiotherapists working in tourism or trade.

4. Research Findings

According to the basic socio-demographic data of the respondents, the data set in the study encompassed 122 men (25.9%) and 349 women (74.1%). According to the form of physiotherapeutic practice, 67.5% of the respondents perform outpatient physiotherapy based on health insurance in health centres, general hospitals, physical medicine institutes of a university hospital centre and university hospital, polyclinics, and specialist physical medicine and rehabilitation practices that have a contract with the Croatian Health Insurance Fund. 25.9% of the respondents perform hospital inpatient form of physiotherapy based on health insurance in special hospitals for medical rehabilitation, and 6.6% of the respondents work in private physiotherapy practices.

Table 2. Descriptive data for individual statements from the questionnaire Assessment of physiotherapists' communication with physiotherapy users and within a healthcare team

Statements	M	SD	r_{it}
1. In communication, I pay attention to the interlocutor's non-verbal signs.	3.25	.77	.37
2. I try to understand the ideas of patients and colleagues that are different from mine.	3.31	.63	.49
3. I encourage both work colleagues and patients to clarify their thoughts.	3.05	.85	.56
4. I give feedback in the form of criticism when needed.	2.78	.96	.47
5. I accept criticism from colleagues.	3.27	.75	.53
6. I openly admit my mistakes.	3.37	.75	.56
7. I ask my colleagues for a critical opinion.	3.04	.86	.56
8. I adapt to the people I interact with.	3.20	.74	.50
9. I will take the initiative in resolving misunderstandings as soon as they arise.	3.08	.86	.54
10. When I am challenged, I can calmly discuss it.	2.87	.88	.44
11. I clearly express disagreement in a conversation.	2.87	.83	.35
12. When necessary, I apologise without excessive justification.	3.28	.78	.55

Table 2 shows descriptive data at the level of individual statements from the questionnaire "Assessment of physiotherapists' communication with physiotherapy users and within a healthcare team" (arithmetic mean – M, standard deviation – SD). Also, to check the content validity of the scale, correlations of individual statements with the total result on the scale were calculated (r_{it}).

Respondents rated the statements "I openly admit my mistakes" with the highest average score (M=3.37), while the statement "I give feedback in the form of criticism when necessary" has the lowest average score on a scale (M=2.78).

The total result of the questionnaire was calculated as an average of the results of the 12 statements listed. Table 3 shows descriptive data for the entire questionnaire (arithmetic mean – M, standard deviation – SD, minimum value – Min, maximum value – Max, and number of statements – N). Also, the table shows the Cronbach's alpha (α) internal consistency type reliability coefficient. The reliability coefficient obtained a value of 0.83 which indicates a good internal consistency of the scale.

According to Table 2, the respondents gave the statement "I openly admit my mistakes." the highest score (3.37), followed by the statement "I try to understand the ideas of patients and colleagues that are different from mine." (3.31), whereas the statement "I give feedback in the form of criticism when needed." achieved the lowest score (2.78).

As can be seen in Table 3, the descriptive data for the entire scale are presented, where the average score with regard to the total score is 3.11 with a standard deviation of 0.48. The table also lists the Cronbach's alpha (α) reliability coefficient of the internal consistency type, which indicates good internal consistency of the scale (0.83).

Table 3. Descriptive data for the total result of the questionnaire

M	SD	Min	Max	N	α
3.11	.48	1.17	4.00	12	.83

To examine whether the average result of the responses given by a physiotherapist differs on the scale of the questionnaire "Assessment of physiotherapists' communication with physiotherapy users and within a healthcare team" with regard to their *gender*, a t-test for independent samples was calculated. There was no statistically significant difference in the average result on this scale between male and female physiotherapists, i.e. $t(494)=0.16$; $p>.05$.

Figure 1 shows the average result on the scale of the questionnaire "Assessment of communication of physiotherapists with physiotherapy users and in the health team".

The group of physiotherapists with 15-29 years of service has a significantly lower average score (M=3.04) on the scale of the questionnaire than the group with the most seniority – over 30 years (M=3.26).

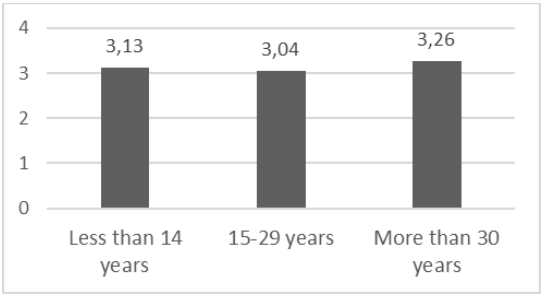

Figure 1. Average result on the scale of the questionnaire

A statistically significant difference in the average result on the scale of the questionnaire was obtained with regard to their *years of service*, i.e. $F(2,468)=6.70$; $p<.01$.

Differences in the average result on the scale of the questionnaire were examined by one-way analysis of the variance with regard to the physiotherapists' years of service. Results of the conducted analysis (number of respondents – N, arithmetic mean – M, standard deviation – SD, F-ratio, degrees of freedom – df, and effect size – η_p^2) are shown in Table 4.

Table 4. Descriptive data for the total result on the scale of the questionnaire

Years of service	**N**	**M**	**SD**	**F**	**df**	**η_p^2**
< 14	217	3.13	.47			
15-29	165	3.04	.47	6.70*	2.468	.03
> 30	89	3.26	.42			
**p<.01*						

A post-hoc test (Scheffe) found that a group of physiotherapists with 15-29 years of service has a significantly lower average result (M=3.04) on the scale of the questionnaire than the group with the most years of service (M=3.26) (over 30 years). The results of the other groups do not differ.

Differences in the average result on the scale in the questionnaire were examined by one-way analysis of the variance with regard to the *form of physiotherapeutic practice*: 1) Outpatient form of physiotherapy in health centers, general hospitals and polyclinics; 2) Hospital inpatient form of physiotherapy in special hospitals for medical rehabilitation; 3) Private physiotherapy practice. However, no statistically significant difference in the average result on this scale was obtained between physiotherapists performing the three different forms of physiotherapeutic practice, i.e. $F(2,493)=2.34$; $p>.05$.

5. Discussion

The aim of this paper was to evaluate the role and significance of information and feedback in professional communication. This was done by conducting a case study on physiotherapists in their clinical practice, either in communication with users of healthcare services or in communication with other physiotherapists and other members of a healthcare team.

Effective healthcare, an effective relationship between a physiotherapist and a patient, and the success of mutual cooperation in the teamwork of physiotherapists and other healthcare professionals depend on the success of communication. Obtaining accurate and timely medical information about own health condition is fundamental to patients.

However, in clinical practice, the situation is completely different – many patients do not receive timely or complete medical information about their health. This leads to patients' dissatisfaction with the healthcare treatment and deprives them of their basic human right – to participate in decision-making on their own treatment. Active participation in the decisions on their treatment not only helps patients develop a sense of control over their own health, but also has direct effects on improving the course of treatment and healing. New approaches in healthcare psychology emphasise the importance of good communication and cooperation between healthcare professionals and patients during medical therapy, offering a number of psychological techniques for improving the patient's overall awareness and communication with healthcare professionals during treatment, which is in many cases a very useful therapeutic procedure that indirectly affects the effectiveness of treatment" [24].

This discussion aims to point out the importance of good and effective communication between physiotherapists and other healthcare professionals within a healthcare team.

Healthcare professionals need to complement each other through communication within a healthcare team. Without professional readiness to complement each other, there is no quality communication within the healthcare team. The complementarity of communication is based on the recognition of professional differences in clinical work, i.e. greater knowledge and expertise of one clinician should not be a reason for turning another healthcare professional into a passive object.

A necessary precondition for effective communication within a healthcare team is two-way communication in which interlocutors send and receive messages and receive positive or negative feedback. Another important characteristic of communication is the constructiveness or destructiveness.

When it comes to relationships within a healthcare team, it should be emphasised that constructive communication is creative and focused on solving problems, that interlocutors need to respect each other, that differences are recognised, that disagreement is allowed, that conversation needs to be open and tactful, as opposed to destructive communication that is not creative, that is fake, dishonest and harsh, and where energy is spent on accusing, insulting, confusing, and ignoring. An interlocutor is devalued and ridiculed, forced to defend themselves, which worsens interpersonal relationships, instead of solving specific problems [25].

This research analysed the behaviour of physiotherapists with respect to communication feedback. Behaviours described by the statements in this questionnaire refer to paying attention to the interlocutor's nonverbal cues, understanding and accepting the ideas presented by patients and colleagues in the workplace, accepting colleagues' criticism and willingness to send feedback in the form of criticism when necessary, adapting to people with whom they interact in communication, and readiness to resolve misunderstandings in communication. The statements in the questionnaire include indeed the most common contents of communication with patients or other healthcare professionals.

Physiotherapists have the opportunity to experientially change their beliefs and expand their knowledge and skills in communication in the workplace daily.

The results of descriptive data analysis show that in their communication with interlocutors in the workplace, physiotherapists usually or almost always pay attention to interlocutors' non-verbal signs (3.25), try to understand other people's ideas that differ from theirs (3.31) encourage patients and co-workers to clarify their thoughts (3.05), accept criticism from co-workers (3.27), openly admit their mistakes (3.37), apologise when necessary without excessive justification (3.28), adapt to the persons with whom they communicate (3.20), ask co-workers for their critical opinions (3.04), and take initiative in resolving misunderstandings in communication (3.08).

Based on a t-test and variance analysis, this paper examined whether the average result of the physiotherapists' answers on the scale of the questionnaire "differed with regard to the independent variables of gender, years of service and form of physiotherapy practice. The calculation of the t-test did not show a statistically significant difference in the average result between male and female physiotherapists ($p>.05$).

Also, the results of the variance analysis indicate that there is no statistically significant difference in the average result with regard to the form of physiotherapy practice ($p>.05$).

However, with regard to the independent variable of the years of service, a statistically significant difference was obtained in the average result on the scale of the provided questionnaire ($p<.01$). It was found that the group of physiotherapists with over 30 years of service has a significantly higher average result ($M=3.26$) than the group with 15-29 years of service ($M=3.04$), while the results of the group of physiotherapists with up to 15 years of service do not statistically significantly differ from the other mentioned groups ($M=3.13$).

According to the obtained results, it is evident that the group of respondents with more than 30 years of work experience is statistically significantly more open to communication with other colleagues and users of healthcare. This can be explained by the fact that they know the organization of work best, and what resources they have at their disposal. Despite the fact that they have gone through or are going through stages of stress and burnout at work, they treat their younger colleagues in a mentor-like manner.

On the other hand, a group of physiotherapists with 15-29 years of experience have relevant experience working in healthcare facilities and are well aware of the working conditions. However, due to lack of time to work with patients, lack of space or other technical and material resources, they experience stress and burnout at work which as a consequence is expressed in terms of dissatisfaction and listlessness, which results in more closed and limited communication.

The youngest group of respondents is just getting used to the work process, and for this reason they are more closed and limit their communication with others.

Therefore, on the basis of the obtained results, future research could be based on a comparison of communication, motivation and satisfaction at work; communication and working conditions; and how to influence the improvement of treatment outcomes through communication, as well as improving cooperation with other colleagues in the workplace in order to prevent stereotyping at work.

Based on the obtained results, it can be concluded that future research in the field of analysis of communication processes in clinical practice could be based on the comparison of communication, motivation, and satisfaction in the workplace; communications and working conditions; and how to influence communication to improve treatment outcomes, as well as to improve collaboration with other co-workers in the workplace to prevent stereotyping at work.

In their clinical practice, physiotherapists should have the knowledge and skills to provide accurate and honest information (at the right time) to physiotherapy users, as well as the knowledge and skills on how to communicate and exchange opinions and information on individual professional issues within the healthcare team. The effectiveness of communication combined with a certain technique and a way of communicating, at a given moment, can solve a problem for which medical knowledge alone would not help.

6. Conclusion

The objective of this research was to evaluate the communication feedback of physiotherapists in their clinical practice, either in communication with healthcare users or in communication with other physiotherapists and other members of a healthcare team.

According to the obtained research results, the set hypothesis (H1) that there are no differences in the assessment of communication feedback among physiotherapists with regard to the years of service has been rejected ($p<.01$) showing statistically significant differences with regard to age.

The research was conducted on 471 respondents (physiotherapists), throughout the Republic of Croatia, in 74 health institutions where physical therapy is performed.

In the study, one-way variance analysis examined differences in the average score on the scale (ranging from 0 to 4). The results of the conducted analysis confirm the differences in communication of physiotherapists with users of physiotherapy and in the healthcare team in the workplace with regard to years of service.

When analysing the questionnaire, a statistically significant difference was obtained ($p<.01$), and a post-hoc test (Scheffe) found that a group of physiotherapists with 15-29 years of service had a significantly lower average score in communication of physiotherapists with physiotherapy users and in the healthcare team in the workplace than the group with the most seniority (over 30 years). In addition, it was shown that there is no statistically significant difference between the group of physiotherapists with the least length of service (up to 15 years) and the two other aforementioned groups (15-29 years of service, and over 30 years of service).

Feedback as a communication tool in clinical practice is valuable both in providing medical information to healthcare users and their families and in communicating with other healthcare professionals, where feedback on clinical work and certain professional issues is received, given, or sought.

Giving, receiving, and seeking feedback in clinical work is not an easy task and poses significant challenges for both parties in communication, both in the relationship between a healthcare professional and patients and their families, or communication within a healthcare team.

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